

<i>SERFF Tracking Number:</i>	<i>STAN-126960209</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>47728</i>
<i>Company Tracking Number:</i>	<i>SI 12601 (9/10)</i>		
<i>TOI:</i>	<i>A07I Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A07I.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Individual Indexed Deferred Annuity Application</i>		
<i>Project Name/Number:</i>	/		

## Filing at a Glance

Company: Standard Insurance Company	SERFF Tr Num: STAN-126960209	State: Arkansas
Product Name: Individual Indexed Deferred Annuity Application		
TOI: A07I Individual Annuities - Special	SERFF Status: Closed-Approved-Closed	State Tr Num: 47728
Sub-TOI: A07I.001 Equity Indexed	Co Tr Num: SI 12601 (9/10)	State Status: Approved-Closed
Filing Type: Form	Authors: Bill Douglas, Diane Hodgman	Reviewer(s): Linda Bird
	Date Submitted: 01/17/2011	Disposition Date: 01/20/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: Filing in all states simultaneously, including our domiciliary state of Oregon.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 01/20/2011
	State Status Changed: 01/20/2011
Deemer Date:	Created By: Bill Douglas
Submitted By: Bill Douglas	Corresponding Filing Tracking Number:
Filing Description:	
Standard Insurance Company is submitting Index Annuity Application Form No. SI 12601 (9/10) for your review and approval. The enclosed application form will replace our current, previously approved index annuity application form as follows:	

Form Number; Replacing Form Number; Previous Approval Date

SERFF Tracking Number: STAN-126960209 State: Arkansas  
Filing Company: Standard Insurance Company State Tracking Number: 47728  
Company Tracking Number: SI 12601 (9/10)  
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed  
Product Name: Individual Indexed Deferred Annuity Application  
Project Name/Number: /  
SI 12601 (9/10); 12601 (06/05); August 18, 2005

The enclosed form is filed in an 8½ x 11 format, but also may be printed in other formats (e.g., 5½ x 8½ booklet size) or via electronic media (e.g., CD-ROM, Internet, Intranet). Distribution and access may also be via hard copy or electronic media. In all cases the form will meet or exceed the minimum standards of your applicable state insurance form readability requirements.

We believe that no part of our filing contains any unusual or controversial items from normal company or industry standards.

The individual index deferred annuity products under the above-referenced form are marketed through traditional channels, i.e., brokers and agents, and through financial institutions.

Our domiciliary state of Oregon does not charge a filing fee for this submission.

Form No: SI 12601 (9/10)

Description:

Application -- Individual Index Annuities. Application for our fixed indexed deferred annuity products. The application will be available both as an attachment to various product brochures and as a stand-alone form. It may be revised to add new fixed deferred annuity products upon approval or to delete products that are no longer marketed. The order in which the information is requested may also change, i.e., name of applicant, gender, birth date, etc. However, we will not vary the attestation (declaration), replacement, or privacy statements unless such is necessitated by newly enacted statute or newly adopted regulation.

We understand you will access the \$50 filing fee via EFT through SERFF.

The following items are also attached:

- Explanation of variability
- Applicable Filing Transmittal forms, as required
- Readability certification

We appreciate your consideration and review of our submission. Please feel free to contact us if you have any questions about our submission or any of the attached forms, or if you need anything further.

Sincerely,

SERFF Tracking Number: STAN-126960209 State: Arkansas  
Filing Company: Standard Insurance Company State Tracking Number: 47728  
Company Tracking Number: SI 12601 (9/10)  
TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed  
Product Name: Individual Indexed Deferred Annuity Application

Project Name/Number: /  
Bill Douglas, FLMI, FFSL, AIRC, AAPA, ACS, CCP  
Compliance Manager, Individual Annuities  
T: 1 (800) 378-4578, ext. 7427  
F: (971) 478-5408  
E: bill.douglas@standard.com

## Company and Contact

### Filing Contact Information

Bill Douglas, Compliance Manager Individual bdouglas@standard.com  
Annuities  
1100 SW Sixth Avenue 971-321-7427 [Phone]  
Individual Annuities 971-321-5408 [FAX]  
P6D  
Portland, OR 97204

### Filing Company Information

Standard Insurance Company	CoCode: 69019	State of Domicile: Oregon
1100 SW 6th Avenue	Group Code: 1348	Company Type: Life Insurance
Portland, OR 97204	Group Name: SIC	State ID Number:
(971) 321-6823 ext. [Phone]	FEIN Number: 93-0242990	

-----

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50/form X 1 form = \$50.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$50.00	01/17/2011	43840379

SERFF Tracking Number:	STAN-126960209	State:	Arkansas
Filing Company:	Standard Insurance Company	State Tracking Number:	47728
Company Tracking Number:	SI 12601 (9/10)		
TOI:	A071 Individual Annuities - Special	Sub-TOI:	A071.001 Equity Indexed
Product Name:	Individual Indexed Deferred Annuity Application		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/20/2011	01/20/2011

<i>SERFF Tracking Number:</i>	<i>STAN-126960209</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>47728</i>
<i>Company Tracking Number:</i>	<i>SI 12601 (9/10)</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Individual Indexed Deferred Annuity Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 01/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	STAN-126960209	State:	Arkansas
Filing Company:	Standard Insurance Company	State Tracking Number:	47728
Company Tracking Number:	SI 12601 (9/10)		
TOI:	A071 Individual Annuities - Special	Sub-TOI:	A071.001 Equity Indexed
Product Name:	Individual Indexed Deferred Annuity Application		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variability		Yes
Form	Index Annuity Application		Yes

*SERFF Tracking Number:* STAN-126960209      *State:* Arkansas  
*Filing Company:* Standard Insurance Company      *State Tracking Number:* 47728  
*Company Tracking Number:* SI 12601 (9/10)  
*TOI:* A071 Individual Annuities - Special      *Sub-TOI:* A071.001 Equity Indexed  
*Product Name:* Individual Indexed Deferred Annuity Application  
*Project Name/Number:* /

## Form Schedule

### Lead Form Number: SI 12601 (9/10)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SI 12601 (9/10)	Application/ Index Annuity Enrollment Application Form	Initial		61.000	12601_910.pdf



**Standard Insurance Company**

Individual Annuities 800.247.6888 Tel  
1100 SW Sixth Avenue Portland OR 97204-1093 [www.standard.com](http://www.standard.com)

**Index Annuity Application**

Upon written request by the owner, Standard Insurance Company will provide reasonable factual information about the contract benefits and provisions within a reasonable time. The owner may cancel and return the contract for any reason within thirty (30) days after it is received.

**1 Purchase**

Index Growth Annuity

☐ IGA 5 ☐ IGA 7 ☐ IGA 9 (Attach form **12264**)

Optional Feature ☐ Principal Guarantee

☐ Other \_\_\_\_\_

**2 Owner(s)**

PRIMARY FULL LEGAL NAME	SSN OR TIN	BIRTH DATE	
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Applicable	PHONE		
JOINT FULL LEGAL NAME (AVAILABLE ONLY FOR NON-QUALIFIED ANNUITIES)	SSN OR TIN	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		

**3 Annuitant (Only if other than Owner(s). Limit to living Annuitant(s).)**

PRIMARY FULL LEGAL NAME	SSN OR TIN	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		
JOINT FULL LEGAL NAME (AVAILABLE ONLY FOR NON-QUALIFIED ANNUITIES)	SSN OR TIN	BIRTH DATE	
ADDRESS	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE		

**4 Premium**

AMOUNT ATTACHED	ESTIMATED AMOUNT(S) FORTHCOMING	TOTAL AMOUNT EXPECTED
-----------------	---------------------------------	-----------------------

**5 Allocation Direction (At least \$2,000 must be allocated and maintained in the Index Interest Account.)**

INDEX INTEREST ACCOUNT %	FIXED INTEREST ACCOUNT %	TOTAL = 100%
--------------------------	--------------------------	--------------

**6 Owner, Annuitant and Broker Remarks (If additional remarks are attached to this application, be sure to sign and date all papers.)**

--



7 Contract Type (Choose one.)

Non-Qualified Funds

☐ New Investment ☐ 1035 Exchange (Attach form **12213.**) ☐ Transfer (Attach form **12213.**)

Traditional IRA

☐ New Investment ☐ Rollover (Attach form **12213.**) ☐ Transfer (Attach form **12213.**)

Roth IRA

☐ New Investment ☐ Rollover (Attach form **12213.**) ☐ Transfer (Attach form **12213.**)

Simplified Employee Pension (SEP) IRA

☐ New Investment ☐ Rollover (Attach form **12213.**) ☐ Transfer (Attach form **12213.**)

Inherited IRA

☐ Rollover (Attach form **12213** and **13668.**) ☐ Transfer (Attach form **12213** and **13668.**)

Non-ERISA 403(b) Tax-Sheltered Annuity with Contributions from ☐ Participant ☐ Employer

☐ New Investment ☐ Rollover (Attach form **12213-TSA-A.**) ☐ Transfer (Attach form **12213-TSA-A.**)

ERISA 403(b) Tax-Sheltered Annuity with Contributions from ☐ Participant ☐ Employer

☐ New Investment ☐ Rollover (Attach form **12213-TSA-A.**) ☐ Transfer (Attach form **12213-TSA-A.**)

Qualified Pension for Plan Year \_\_\_\_\_, for Plan Type ☐ Defined Benefit ☐ Defined Contribution

☐ New Investment (Attach form **5835.**) ☐ Transfer (Attach form **12213** and **5835.**)

8 Beneficiary Designation (To designate more primary and/or contingent beneficiaries, attach your written instructions with your signature)

**Primary Beneficiary(ies)**

<b>PRIMARY</b> FULL LEGAL NAME	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS	CITY	STATE	ZIP CODE

<b>PRIMARY</b> FULL LEGAL NAME	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS	CITY	STATE	ZIP CODE

**Contingent Beneficiary(ies)**

<b>CONTINGENT</b> FULL LEGAL NAME	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS	CITY	STATE	ZIP CODE

<b>CONTINGENT</b> FULL LEGAL NAME	SSN OR TIN	BIRTH DATE	RELATIONSHIP
TRUST NAME (IF APPLICABLE)	TRUSTEE NAME (IF APPLICABLE)	TRUST DATE (IF APPLICABLE)	
ADDRESS	CITY	STATE	ZIP CODE

**Contract Return;**

If the contract is returned, Standard Insurance Company will: (a) cancel the contract from the beginning; and (b) promptly refund any premium paid by the owner, less any prior partial withdrawals, within 10 days after receiving: (1) a written notice of cancellation; (2) the original contract document; and (3) a completed form **[5031]** or IRS forms W-9 and W-4P from the owner.

**Applies if the annuity is purchased through a bank or credit union.**

The annuity is not a deposit. The annuity is not guaranteed by any bank or credit union. The annuity is not insured by the FDIC or by any other governmental agency. The purchase of an annuity is not a provision or condition of bank or credit union activity. Some annuities are subject to investment risk and may go down in value.

**State Fraud Notices**

**AR, KY, LA, ME, NM, OH, PA and TN Residents** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**CO Residents** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of any insurance company who knowingly provides false, incomplete, or misleading information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division Of Insurance of Regulatory Services.

**DC, RI Residents** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MD Residents** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FL Residents** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NJ Residents** Any person who includes any misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**OK Residents: WARNING.** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

**WA Residents** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Privacy Statement**

I understand that, in the course of processing my application, Standard Insurance Company may collect personal information about: (a) me; and (b) others I have identified in this application, e.g. beneficiaries, policyowners and annuitants. I understand that the personal information may include information about my: (a) age; (b) occupation; (c) income; (d) finances; and (e) other insurance. Standard Insurance Company may obtain personal information from: (a) this application; (b) other forms I submit to Standard Insurance Company; (c) an employer; (d) an insurance sales representative; (e) other insurance companies; (f) Standard Insurance Company's web sites; and (g) any other person, organization or institution having records or knowledge of me that are necessary to process this transaction. In the course of processing this transaction there may be circumstances in which Standard Insurance Company discloses to other parties the information collected about me. I authorize Standard Insurance Company to disclose personal information to: (a) an employer (e.g. name, employment status and Social Security number); (b) organizations or persons, including insurance sales representatives, that perform services or functions necessary to process this transaction; and (c) other insurance companies. No other disclosure may be made without my further authorization except: (a) to the extent necessary for the conduct of Standard Insurance Company's business; or (b) as permitted or required by law. I understand that failure to sign the authorization may: (a) impair the ability to process my application; and (b) be the basis for denying my application. I understand that this authorization: (a) will automatically expire 24 months following the date of my signature below; (b) may be revoked by me at any time by sending a written request for revocation to Standard Insurance Company at the address above; and (c) such revocation may be the basis for denying my application. I also understand that: (a) I (or my authorized representative) have the right to request a copy of my authorization and to learn the nature and substance of any personal information about me in Standard Insurance Company's file; (b) I (or my authorized representative) have the right to ask Standard Insurance Company to correct or amend such information, if necessary; and (c) Standard Insurance Company will carefully review my request and, where appropriate, make the necessary change. To obtain further information about these rights and information practices, I have been informed that I may request a copy of the *Privacy Notice* by contacting Standard Insurance Company at the address above.

## 10 Owner(s) and Annuitant(s) Declarations

I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge. I understand that the application will be attached to and made a part of the annuity contract. Additionally, I declare the following:

- A** ☐ Yes ☐ No To the best of my knowledge, the owner has existing life insurance policies or annuity contracts.
- B** ☐ Yes ☐ No To the best of my knowledge, the contract applied for will replace an existing life insurance policy or annuity contract. If so, the broker has left with me all materials used in this presentation.
- C** ☐ Yes ☐ No I have received the product disclosure statement and, in those states where required or upon request, a *Buyer's Guide To Fixed Deferred Annuities*.
- D** ☐ Yes ☐ No I am a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training).
- E** ☐ Yes ☐ No I understand that I am purchasing an index annuity. I also understand that although the annuity values may be affected by the external index, the contract does not directly participate in any stock or equity investments. In the event of index gain, no interest will be credited to the Index Interest Account until the end of an Index Term, except as shown in the contract.
- F** ☐ Yes ☐ No I understand and acknowledge that The Standard does not offer legal, financial, tax, investment or estate-planning advice and I have had the opportunity to seek such advice from the proper sources before purchasing this annuity. I agree that the purchase of this annuity is appropriate to my particular legal, financial, tax, investment, estate-planning goals and other circumstances.

<p style="text-align: center; margin-bottom: 5px;">_____ PRIMARY OWNER SIGNATURE</p> <p>Signing as <input type="checkbox"/> Owner <input type="checkbox"/> Trustee  <input type="checkbox"/> Attorney in Fact (Attach certified Power of Attorney and form <span style="border: 1px solid red; padding: 0 2px;">14389</span>)  <input type="checkbox"/> Other _____</p>	<p style="text-align: center; margin-bottom: 5px;">_____ DATE</p>	<p style="text-align: center; margin-bottom: 5px;">_____ SIGNED AT (CITY, STATE)</p>
<p style="text-align: center; margin-bottom: 5px;">_____ JOINT OWNER SIGNATURE</p>	<p style="text-align: center; margin-bottom: 5px;">_____ DATE</p>	<p style="text-align: center; margin-bottom: 5px;">_____ SIGNED AT (CITY, STATE)</p>
<p style="text-align: center; margin-bottom: 5px;">_____ PRIMARY ANNUITANT SIGNATURE (IF NOT OWNER)</p>	<p style="text-align: center; margin-bottom: 5px;">_____ DATE</p>	<p style="text-align: center; margin-bottom: 5px;">_____ SIGNED AT (CITY, STATE)</p>
<p style="text-align: center; margin-bottom: 5px;">_____ JOINT ANNUITANT SIGNATURE (IF NOT OWNER)</p>	<p style="text-align: center; margin-bottom: 5px;">_____ DATE</p>	<p style="text-align: center; margin-bottom: 5px;">_____ SIGNED AT (CITY, STATE)</p>

## 11 Insurance Broker Declarations

FULL LEGAL NAME	E-MAIL	PHONE	
BUSINESS OR INSTITUTION NAME	PAYMENT OPTION <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
ADDRESS	CITY	STATE	ZIP CODE
INSURANCE LICENSE NUMBER	STANDARD INSURANCE COMPANY PRODUCER IDENTIFICATION		

I declare that the application was signed and dated by the annuitant and owner, if not the annuitant, after all answers and information were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the annuitant and owner, if not the annuitant. Additionally, I certify:

- A** ☐ Yes ☐ No To the best of my knowledge, the owner has existing life insurance policies or annuity contracts. In those states using replacement form **10443**, that form is attached, no matter this response.
- B** ☐ Yes ☐ No To the best of my knowledge, the contract applied for will replace an existing life insurance policy or annuity contract. If Yes, an appropriate replacement form is attached.
- C** ☐ Yes ☐ No I have delivered an appropriate product disclosure statement and, in those states where required or upon request a *Buyer's Guide To Fixed Deferred Annuities* to the owner.
- D** ☐ Yes ☐ No To the best of my knowledge, the owner is a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training). If Yes, form **13995** is attached.
- E** ☐ Yes ☐ No With respect to the suitability of this annuity sale, the requirements have been met. I have completed form **12216** with the owner; the original of that form is attached, a copy has been left with the owner and a copy is on file with me.
- F** ☐ Yes ☐ No I have verified the identity of the annuitant and owner, if not the annuitant, by reviewing a government-issued photo identification.

\_\_\_\_\_  
INSURANCE BROKER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED AT (CITY, STATE)

STANDARD INSURANCE COMPANY HOME OFFICE USE

(WV residents must consent in writing to any changes shown in this section.)

<i>SERFF Tracking Number:</i>	<i>STAN-126960209</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>47728</i>
<i>Company Tracking Number:</i>	<i>SI 12601 (9/10)</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Individual Indexed Deferred Annuity Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	
<b>Comments:</b>		
<b>Attachment:</b>		
Read Cert-SI 12601 910.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b>	Explanation of Variability	
<b>Comments:</b>		
<b>Attachment:</b>		
EOV-12601.pdf		

STANDARD INSURANCE COMPANY  
1100 SW SIXTH AVENUE  
PORTLAND, OREGON 97204

CERTIFICATION OF READABILITY

**Re: Index Annuity Application Form No. SI 12601 (9/10)**

I hereby certify that with respect to the above-referenced form, the form meets or exceeds the minimum reading ease score and all other readability requirements of your State.

**Form Number**

**Flesch Reading Ease Score**

SI 12601 (9/10)

61



Julie Grandstaff  
Vice President and Managing Director

December 22, 2010

Date

STANDARD INSURANCE COMPANY  
1100 SW SIXTH AVENUE  
PORTLAND, OREGON 97204

EXPLANATION OF VARIABILITY  
INDIVIDUAL FIXED DEFERRED ANNUITY

**Re:** Indexed Deferred Annuity Application Form No. SI 12601 (9/10)

**VARIABILITY** – Variability, as noted within this Explanation of Variability, shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination

**BRACKETS**

- Soft Brackets { } – Denote that provision or text is optional, i.e., may be or may not be included in policy.
- Hard Brackets [ ] – Denote that provision or text is variable.

**APPLICATION – SI 12601 (9/10)**

1. Logo – Will insert logo.
2. Address and Phone Number – Will insert the company home office address and phone number administering annuities.
3. Purchase – The submissions of any new products that may use the application will include reference to use of the application. The listing of products will be revised to add new products upon state approval as required of such product and to delete products that are no longer marketed.
4. Owner -- The order in which the information is requested may be revised. Generally the order of requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.
5. Annuitant – The order in which the information is requested may be revised. Generally the order of requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.
6. Premium – The order in which the information is requested may be revised. Generally the order of the requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.
7. Beneficiary Designation – The order in which the information is requested may be revised. Generally the order of the requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.

Notices and Disclosures

8. Fraud Statements -- Specific fraud statements may be revised based upon revised state law or regulation regarding such statements. Additional state fraud statements may be added upon newly enacted statute or newly adopted regulation in a given state that requires such on our application forms. Any changes to state law listed will be resubmitted for review purposes.
  9. Privacy Statement -- The privacy statement may be revised based on revised or enacted/adopted state and federal statute or regulation.
10. Insurance Broker Declarations

- a) The order in which the information is requested may be revised. Generally the order of requested information is shifted due to size/format differences when provided in a format other than 8½" by 11" print.
  - b) Payment Option – May be revised if we begin offering alternative commission payment schedules.
11. List of Policy Forms – The listing of policy form numbers will be revised to add new individual deferred annuity products upon state approval and to delete products that are no longer marketed.
12. References to Administrative Forms – As administrative forms are revised and updated, new form numbers are generally given to such forms. Any revisions to form numbers of administrative forms referenced in the application will be updated.